

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SIERRA CLUB INDEPENDENT ACTION		FEC IDENTIFICATION NUMBER ▼ C C00483693	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 10 / 01 / 2014</div>	

Full Name of Payee Maggie Kao			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 1351 Taylor St NW			Amount 178.49		
City Washington	State DC	Zip Code 20011	Transaction ID : SE.4667		
Purpose of Expenditure Salaries & Benefits		Category/Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2014		
Name of Federal Candidate JONI K ERNST			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought 1000576.07			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Trey Pollard			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 50 F St. NW, 8th Floor			Amount 29.45		
City Washington	State DC	Zip Code 20001	Transaction ID : SE.4668		
Purpose of Expenditure Salaries & Benefits		Category/Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2014		
Name of Federal Candidate JONI K ERNST			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought 1000397.58			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	207.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Melissa Williams

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014

Signature

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Form/Schedule: F24A

Transaction ID :

We are amending this report to correct the field in which our reporting staff erroneously marked the 9/30/2014 TV Ad Buy as in support of Joni K Ernst. The TV Ad buy was created and aired in opposition to candidate Joni K Ernst, and it was paid for and announced publicly as such. This amended 48-hour report now accurately reflects the expense listed on Schedule E as "Oppose" Joni K Ernst.

Form/Schedule:

Transaction ID:

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FOR SE OF FORM 24/48			

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 10 / 01 / 2014	

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1010 Wisconsin Avenue, NW		Amount 1000000.00	
City Washington	State DC	Zip Code 20007	Transaction ID : SE.4676
Purpose of Expenditure TV Ad Buy	Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate JONI K ERNST		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 1000000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Melissa Williams		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 50 F St. NW, 8th Floor		Amount 368.13	
City Washington	State DC	Zip Code 20001	Transaction ID : SE.4671
Purpose of Expenditure Salaries & Benefits	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate JONI K ERNST		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 1000368.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000368.13
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1000576.07

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Melissa Williams

[Electronically Filed]

Date

MM / DD / YYYY
10 / 10 / 2014

Signature